Hepatitis C Treatment Updates are the Strongest Yet

November 2, 2015 By Lucinda K. Porter RN

If the links that I visit the most had visible tread marks, the deepest would likely be at hcvguidelines.org. The full name, Recommendations for Testing, Managing, and Treating Hepatitis C, is a living document provided by the American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA), in collaboration with the International Antiviral Society-USA (IAS-USA). When looking for treatment info, it's my hep C "go to source."

I had grave concerns about the HCV Guidelines after the new hepatitis C treatments using Harvoni and other direct-acting antivirals (DAAs) were approved. Addressing the issue of the volumes of people with hep C who needed treatment, the HCV Guidelines stated, "*Those with the most advanced liver damage should be treated first, followed by those who have complicated medical problems, lots of symptoms, or who have a high risk of infecting others. Healthy patients who have low transmission risks and minimal fibrosis (liver damage), and not obviously symptomatic may be treated if "resources allow.*""

Although I can't prove that it gave Medicaid and private insurance payers the ammunition to block access to hepatitis C treatment for those without advanced stages of fibrosis, I believe it was influential.

More data poured in, and AASLD and IDSA updated the guidelines, opening the door to treatment for nearly everyone with hep C. "*Successful hepatitis C treatment results in sustained virologic response (SVR), which is tantamount to virologic cure, and as such, is expected to benefit nearly all chronically infected persons. Evidence clearly supports treatment in all HCV-infected persons, except those with limited life expectancy (less than 12 months) due to non-liver-related comorbid conditions*."

Unfortunately, the tables ranking treatment priorities stood. The Guidelines were stronger, but still not strong enough. Until now.

In a press release (October 2015) titled, Hepatitis C Guidance Underscores the Importance of Treating HCV Infection: Panel Recommends Direct-Acting Drugs for Nearly All Patients with Chronic Hepatitis C, the panel states, "*Based on expanded "real-world" experience with the tolerability and efficacy of newer HCV medications, the section on "When and in Whom to Initiate HCV Therapy" no longer includes tables that offer recommendations on how to prioritize patients for treatment.*"

The press release also states, "*According to the guidance, successful hepatitis C treatment results in sustained virologic response--or virologic cure--and thus would benefit nearly all of those chronically infected with HCV*." Panel co-chair Henry Masur, MD said, *"...the goal is to treat all patients as promptly as feasible to improve health and to reduce HCV transmission."*

The panel doesn't completely abandon the reality that the sheer number of patients with hepatitis C may place a huge burden on medical providers. In the section, "Considerations in Specific Populations," they write, *"Despite the recommendation for treatment of nearly all patients with HCV infection, it remains important for clinicians to understand patient- and disease-related factors that place individuals at risk for HCV-related complications (liver and extrahepatic) as well as for HCV transmission. Although these groups are no longer singled out for high prioritization for treatment, it is nonetheless important that*

practitioners recognize the unique dimensions of HCV disease and its natural history in these populations. The discussions offered below may assist clinicians in making compelling cases for insurance coverage of treatment when necessary."
Here on is where the statement gets really strong, with these highlights:

- There are limits to the ability of transient elastography (Fibroscan) and liver biopsy for gauging progression of liver disease
- Fatigue, overall health-related quality of life and work productivity may improve following successful HCV therapy
- Recommendations against pretreatment screening for illicit drug or alcohol use

Thank you AASLD, IDSA, and IAS-USA; this is a good start. Now let’s see what the insurance payers do with it.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.hepmag.com/blog/hepatitis-c-treatment-updates-are-the-strongest-yet